

## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/593,427  
Filing Date:: 09/19/06  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification:  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: GINKGOLIDE COMPOUNDS,  
COMPOSITIONS AND EXTRACTS, AND  
USES THEREOF  
Attorney Docket Number:: 0019240.00218US2  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Ottavio  
Middle Name:: V.  
Family Name:: VITOLO  
Name Suffix::  
City of Residence:: ~~New York~~ CAMBRIDGE  
State or Province of Residence:: ~~NY~~ MA  
Country of Residence:: US  
Street of mailing address:: ~~420 W. 119th Street, Apt. 29~~ 195 Binney St.,  
Apt 1406

City of mailing address:: ~~New York~~ CAMBRIDGE  
State or Province of mailing address:: ~~NY~~ MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027 02142

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Koji  
Middle Name::  
Family Name:: NAKANISHI  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US

Street of mailing address:: 560 Riverside Drive, Apartment 9-J

City of mailing address:: New York

State or Province of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: L.

Family Name:: SHELANSKI

Name Suffix::

City of Residence:: Brooklyn

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 241 Kane Street

City of mailing address:: Brooklyn

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11231

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sonja

Middle Name::

Family Name:: KRANE  
Name Suffix::  
City of Residence:: Del Mar  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 13627 Calais Drive

City of mailing address:: Del Mar  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ottavio  
Middle Name::  
Family Name:: ARANCIO  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 2700W Broadway, Apt. 5H

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Czech Republic  
Status:: Full Capacity  
Given Name:: Stanislav  
Middle Name::  
Family Name:: JARACZ  
Name Suffix::  
City of Residence:: Trinec  
State or Province of Residence::  
Country of Residence:: Czech Republic  
Street of mailing address:: Oldrichovice 487

City of mailing address:: Trinec  
State or Province of mailing address::  
State or Province of mailing address::  
Country of mailing address:: Czech Republic  
Postal or Zip Code of mailing address:: 73961

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: D.  
Family Name:: BEROVA  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 400 West 119th Street, Apt. 13G

City of mailing address:: New York

State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027

### **Correspondence Information**

Correspondence Customer Number:: 56949

### **Representative Information**

Representative Customer Number:: 56949

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US05/009417	03/21/05
US05/009417	An application claiming the benefit under 35 USC 119(e)	60/554508	03/19/04

### **Foreign Priority Information**

### **Assignee Information**

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY  
IN THE CITY OF NEW YORK  
Street of mailing address:: 412 Low Memorial Library  
535 West 116th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027